DEPARTMENT OF VETERANS AFFAIRS (VA)

Response to the October 3-4, 2006, Recommendations of the Advisory Committee on Prosthetics and Special Disabilities Programs

Recommendation 1 Deputy Chief, Prosthetics should be filled as soon as possible from existing list of candidates. The ideal candidate must have a clinical background in treating persons with disabilities, specifically in special disabilities, and experience in medical systems of care.

VA Response: On November 13, 2006, Mr. Joseph Miller came on board as the Deputy Clinical Prosthetics Officer. Mr. Miller was the best candidate of all the applicants that were referred to the Acting Under Secretary for Health. Mr. Miller has superior qualifications in the precise areas needed by VHA Prosthetics and Clinical Logistics Office that include: (1) extensive knowledge in prosthetics and orthotics and has served both as an Active Duty Army Officer as an Orthotist and civilian Prosthetist/Orthotist since 1984, (2) appointed to serve on the Secretary of Veterans Affairs Advisory Committee for Prosthetics and Special-Disabilities Program since 2004, and (3) served on several of VA Rehabilitation, Research and Development Scientific Merit Review Boards. Mr. Miller earned a Masters degree from Virginia Polytechnic and State University. This combination of experience and education is precisely what is required for the Deputy Clinical Prosthetics Officer.

Recommendation 2 The Committee recommends that Blind Rehabilitation remain under Rehabilitation Services and does not endorse the reorganization of an Eye Care Strategic Healthcare Group (SHG) or as a separate SHG.

VA Response: Blind Rehabilitation Service (BRS) is appropriately aligned, along with other rehabilitation programs, under Rehabilitation Services in the Office of Patient Care Services. Through national directives and handbooks, national blind rehabilitation consultants, and ongoing communication with BRS staff in the field, the BRS Program Office is able to provide guidance to all BRS staff. Monitoring is accomplished through reports from the field, the work of the five National Program Consultants, and the daily involvement of the Director and the Program Office staff. The Director is located in VA Central Office and works closely with VHA leadership in all clinical and administrative areas.

Recommendation 3 The Committee recommends that Secretary support access to DoD database of service members who receive Physical Evaluation Board (PEB).

VA Response: VA and Department of Defense (DoD) are collaborating to ensure VA is notified of severely ill or injured service members transitioning to VA care and civilian life. Under this initiative, DoD began transmitting names of service members entering the PEB process to VA in October 2005. The monthly list enables VA to contact service members to inform them of potential VA benefits and to initiate transfer of

healthcare services to VA medical centers (VAMCs) prior to discharge from the military. Electronic transmission of the list was halted in May 2006 due to data security issues. VA and DoD representatives are working together to develop a method of transmitting the information between Departments in a secure manner. VA anticipates electronic transmission of the list will resume by the end of third quarter fiscal year (FY) 2007.

In addition, VA is pleased to announce that we are integrating our current tracking system, which tracks severely injured service members and veterans as they transfer from military treatment facilities (MTFs) to VAMCs, with DoD's Joint Patient Tracking Application (JPTA). The new application, known as Veterans Tracking Application or (VTA), combines the capability of the current tracking system with DoD's system which tracks service members from the battlefield through Landstuhl, Germany, and to MTFs in the United States. DoD's system will also provide most of the demographic information for transitioning service members and veterans. This additional information on severely injured service members from the battlefield to VA will assist VA case managers in transitioning the care of these patients and will assist Veterans Benefits Administration (VBA) claims processors in assessing claims.

Recommendation 4 The Committee recommends administration of VA-developed post-separation screening tool for veterans identified as medically separated.

VA Response: VA has a wide range of existing tracking and screening programs targeting both new combat veterans, as well as veterans with severe injuries (who are medically separated). We have in place an efficient screening and monitoring system for all new combat veterans.

Our existing tracking and screening program includes:

- The Office of Seamless Transition program tracks all seriously injured Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans to ensure their seamless transition from DoD medical treatment facilities into VHA medical care facilities.
- As described above, the Office of Seamless Transition receives a monthly list of service members entering the PEB process.
- DoD provides a complete roster of all OIF/OEF veterans who separate from active duty, which allows VA to track and report on all veterans who come to VA for health care or other reasons.
- The VA OIF/OEF clinical reminder, which flags all new OIF/OEF veterans as they first come to VA for care, requires screening for health issues including mental health, substance abuse, Post Traumatic Stress Disorder (PTSD), depression, and other health issues of concern for all new combat veterans. VA is adding a Traumatic Brain Injury (TBI) screen to this list.

•Access to DoD Post Deployment Health Reassessment (PDHRA) screening tool data -- VA clinicians can access their patient's information contained in DoD's Pre- and Post-Deployment Health Assessment screening tool used by DoD on all new combat veterans. In the very near future they will also have access to the PDHRA screening tool.

Taken all together, these programs add up to a rigorous, thorough and systematic tracking and screening program for seriously injured combat veterans, and for all veterans who come to VA for health care.

Work has begun by the OIF/OEF TBI Clinical Reminder Work Group, chaired by VA's Chief Patient Care Services Officer. This group has established a timeline that will result in a national clinical reminder ready for implementation by April 1, 2007. This clinical reminder will cue primary care, mental health and other providers to screen for individuals with mild to moderate TBI who have not as yet been recognized and diagnosed. It will be applied across all VHA facilities and will be mandatory. Clinicians familiar with TBI as well as the development and implementation of clinical reminders are participating on this group.

Recommendation 5 The Committee recommends that Transition and Liaison Office explain how it measures success.

VA Response: In October 2006, VA's Office of Seamless Transition (OST) implemented a performance measure and tracking system which ensures that every seriously wounded service member or veteran who is transferred from a DoD MTF to a VA healthcare facility has a case manager assigned to him or her at the receiving facility before arriving at that facility. The receiving facility has 7 calendar days after notification by the tracking system in which to assign a case manager to the service member or veteran and to call him or her to facilitate the transfer. Between October 10, 2006, and January 17, 2007, 72 severely ill or injured patients were transferred from DoD MTFs to VA healthcare facilities. During this time period, 65 (90.3 percent) of these patients were assigned a VA case manager within the 7 day standard.

Recommendation 6 The Committee recommends that Transition and Liaison Office establish a working group to outline roles, objectives, lines of communication, and collaboration among VA and DoD case managers to reduce redundancy and confusion.

VA Response: The Office of Seamless Transition is forming a VA/DoD Case Management working group with point of contact from the Army, Navy, Air Force, and TRICARE Management Activity to continue to streamline case management processes. This group will review current case management practices, as it relates to the seamless transition of the severely injured service members and develop strategies for the

resolution of identified issues. Objectives, roles, and work group membership are currently being determined. Work group meetings will be held monthly.

Recommendation 7 The Committee recommends education and training for prosthetists, orthotists, therapists, and clinical practitioners, specifically in area of polytrauma.

VA Response: VA recognizes the important role that education and training of our practitioners holds in the successful provision and continuity of polytrauma care. Educational resources provided during the last quarter of FY 2006 and thus far in FY 07 include:

VHA has mandated completion of a 4-hour continuing education course, *Veterans Health Initiative: Traumatic Brain Injury,* for VA clinicians in a position to provide services to eligible beneficiaries with TBI. Health care specialists included are: physicians, optometrists, psychologists, nurse practitioners, physician assistants, registered nurses, prosthetists, orthotists, social workers, audiologists, blind rehabilitation coordinators, speech pathologists, visual impairment services team (VIST) coordinators, occupational therapists, physical therapists, kinesiotherapists, recreation therapists, and clinicians in Readjustment Counseling Centers. The Office of the Under Secretary for Health has mandated that the training be completed by March 31, 2007. All VHA primary care providers are required to complete a 4-hour continuing education program that provides specific guidance on the treatment and follow up of mild TBI symptoms once they have been recognized. New staff is required to complete this education within 90 days of employment.

Rehabilitation disciplines involved in the Polytrauma program including physicians, nursing, physical therapy, occupational therapy, speech-language pathology, social work, psychology, therapeutic recreation, and blind rehabilitation outpatient specialist (BROS), have regular conference calls that include educational presentations, sharing of best practices, program development, and review of contemporary practice. In addition, polytrauma interdisciplinary team conference calls with the Polytrauma Rehabilitation Centers and Polytrauma Network Sites are held twice monthly and agendas frequently include education on special topics.

On January 16-18, 2007, the Miami VA Healthcare System hosted a 3 day comprehensive workshop on advanced bionic prosthetic technology. Twelve teams of prosthetists and therapists from the polytrauma rehabilitation centers and the polytrauma network sites attended. The workshop focused on improving functional outcomes of veterans with amputations through the knowledge of microprocessor, artificial intelligence and powered technology.

Planned education for FY 2007

1) A 3-day conference, *Evolving Paradigms: Providing Health Care to Transitioning Combat Veterans,* is scheduled to be held April 10-12, 2007, in Las Vegas. The target audience is VA and DoD primary care providers including, physicians, physician assistants, nurses, rehabilitation specialists, chaplains, prosthetists, orthotists, social workers, psychologists and others who provide direct care to new combat veterans. The conference will include plenary sessions featuring VA and DoD leadership, and concurrent tracks on polytrauma, pain management, behavioral health, prosthetics, diversity, and other special topics.

2) VA is also developing a rotational program for VA polytrauma rehabilitation center prosthetists and therapists at Walter Reed Army Medical Center and Brook Army Medical Center. The week long training will provide DoD and VA teams the opportunity to work together to share information in the areas of technology and rehabilitation techniques. The goal is for the teams to learn from each other and expand the knowledge base in both systems of care, thereby improving the overall function of the veteran with an amputation.

3) Additional training under consideration includes: 1) two regional conferences that will focus on training for the polytrauma support clinic teams, 2) use of a non-VA consultant to develop training in the area of family support and 3) regional and VISN training using the video teleconferencing equipment provided to the 21 sites.

Recommendation 8 The Committee recommends that lack of VISN 9 Rehabilitation Accreditation Commission (CARF) accredited rehabilitation unit is addressed.

VA Response: In view of the recommendations of the VA Advisory Committee on Prosthetics and Special-Disabilities Committee, VISN 9 will proceed with the development of a CARF-accredited rehabilitation unit.

VISN 9 is a complex VISN, with an SCI unit, two large tertiary medical centers, and a Level II polytrauma unit. A decision has not been made about which VISN 9 site is best suited for a CARF-accredited rehabilitation unit.

In order to ensure proper planning and placement of this unit, Vincent Alvarez, MD, Chief Medical Officer, VISN 9, contacted the National Rehabilitation Office, soliciting its assistance in criteria and site selection. VISN 9 will proceed immediately with site selection and planning activities.

This unit is slated to be operational by December 2007.

Recommendation 9 The Committee recommends that a recreation therapist and a rehab engineer be added to polytrauma teams.

VA Response: Each of the four polytrauma rehabilitation centers is provided supplemental funds to support two therapeutic recreation specialists. This is consistent with the core staffing model published in VHA Handbook 1172.1.

Regarding the use of a rehabilitation engineer in the polytrauma rehabilitation centers, VA requests that the Committee clarify the intent of this recommendation. Due to the diverse array of potential needs of patients with polytrauma, the skill set for a person in this position could be very broad. It is requested that the Committee further delineate the skill sets they would recommend as essential to accomplish an enhancement to the Polytrauma team.

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

March 20, 2007

Mr. Thomas H. Miller
Chairman, VA Advisory Committee
on Prosthetics and Special Disabilities Programs
Blinded Veterans Association
477 H Street, N.W.
Washington, DC 20001

Dear Mr. Miller:

Thank you for the recommendations from the October 3-4, 2006, meeting of the Advisory Committee on Prosthetics and Special Disabilities Programs. I appreciate the Committee's thorough deliberation on the issues presented and value their input.

Enclosed is the Department of Veterans Affairs' (VA) response to the Committee's recommendations. The Committee is a valuable resource and makes significant contributions to ensure that veterans with special disabilities continue to receive the best care and that their needs are met.

I look forward to continuing an open dialogue with the Committee. With your ongoing assistance, VA will continue to ensure the delivery of high-quality services to our Nation's veterans.

Sincerely yours,

R. James Nicholson

Enclosure